

Ohio DDD Internal Medicine Consultative Examination Guidelines

Part IX: Speech Language Pathology Consultative Examinations

General Examination/Report Requirements

Introduction and Required Components

Make sure the report - through its thoroughness and the presentation and interpretation of evidence - demonstrates that a genuine effort has been made to identify all diagnoses and probable diagnoses related to speech and language, as well as formulate a carefully thought-out assessment of current functional status ("Speech and Language Source Statement") with respect to speech, language and those aspects of development within the purview of speech and language pathology.

Make sure that the report documents the positive elements of the speech and language evaluation, as well as the negative elements. This is crucial because DDD cannot accept that an element of the evaluation was negative or normal unless it was explicitly stated to be negative or normal.

Make sure that all of the following requirements are met and documented in the report narrative using appropriate headings. The requirements are dependent upon the age of the child.

From Birth to Age 3 Years

- A. Identify the Child
- B. Record All Alleged Speech and Language Problems, Abnormalities or Deficits
- C. Review Developmental Milestones for Speech and Language
- D. Note Early Feeding and Eating Behavior
- E. Identify Significant Birth and Postnatal History Related to Hearing
- F. Identify Significant Birth and Postnatal History Related to Developmental Problems in Other Areas
- G. Report Participation in Previous and/or Current Speech-Language Therapy
- H. Identify Family History of Speech, Language, Hearing, Genetic or Developmental Problems
- I. Conduct Comprehensive Speech Evaluation
- J. Administer Appropriate Comprehensive Language Testing
- K. Provide Detailed Conclusions
- L. Proofread
- M. Signature

Age 3 Years and Older

- A. Identify the Child
- B. Record All Alleged Speech and Language Problems, Abnormalities or Deficits
- C. Review Developmental Milestones for Speech and Language
- D. Note Early Feeding and Eating Behavior
- E. Identify Significant Birth and Postnatal History Related to Hearing
- F. Identify Significant Birth and Postnatal History Related to Developmental Problems in Other Areas
- G. Report Participation in Previous and/or Current Speech-Language Therapy
- H. Identify Family History of Speech, Language, Hearing, Genetic or Developmental Problems
- I. Conduct Comprehensive Speech Evaluation
- J. Include a Current Assessment Tool (if needed to validate ratings of intelligibility at conversational level)
- K. Administer Appropriate Comprehensive Language Testing
- L. Comment on Child's Overall Receptive and Expressive Language Skills (based on spontaneous conversation)
- M. Discuss Development of Conversational Skill as it Relates to Child's Chronological Age (based on spontaneous language sample)
- N. Discuss Child's Development of Narrative Skill Relative to Child's Chronological Age
- O. Provide Detailed Conclusions
- P. Proofread
- Q. Signature

What If a Report is Inadequate?

If a report contains errors or is missing important historical information or elements of the speech and language evaluation, DDD will need you to prepare an addendum that contains corrections or clarifying information. *Note: you are not paid for drafting addenda.*

If a report is missing important historical information or elements of the speech and language evaluation, DDD will need you to prepare an addendum and, in some cases, will require you to reexamine the child in your office at your own expense.

DDD understands that in some cases a child may be uncooperative. Document this in your report.

Thoroughness and Time Spent During Evaluation

DDD does not want you to rush through these important evaluations, which are in some ways distinct from your routine evaluations in the course of speech and language pathology practice. Sometimes a consultative speech and language evaluation is the only medical evidence the agency has on which to base its medical determination. The best reports are by those who are careful not to create a therapeutic relationship during a consultative examination, but allow enough time for some degree of rapport to develop between examiner and examinee (and parents or guardians). Allow ample time for the child and/or parent or guardian to state all complaints and symptoms and respond to questions that you ask.

Who Is Permitted to Perform Various Parts of the Evaluation?

All evaluations, testing, conclusions and the writing of the report must be performed by a fully Ohio-licensed and certified speech and language pathologist, or a speech and language pathology trainee in his or her certifying training under the supervision of a fully Ohio-licensed speech and language pathologist. In this case, the supervising speech and language pathologist must agree with the findings and conclusions of the trainee and co-sign the report.

Professionalism and Complaints

DDD follows a formal procedure when a complaint is received. Common complaints in the past, in addition to allegations of an excessively brief examination encounter, have included that the consultant:

- Was rude
- Asked questions too quickly
- Did not give the claimant enough time to answer the questions
- Was rough when testing range of motion
- Had a poor bedside manner

Any complaint requires DDD to write you for a written response to the child or parent or guardian's allegations. You must be sincere and professional in all your encounters with claimants.

If a consultant receives multiple complaints, DDD will investigate and may cease to do business with that consultant.

You must be sincere and professional in all of your encounters with young claimants.

Routine Review of Consultative Examination Quality

A statistical sample of reports is reviewed weekly by DDD's Chief Medical Consultant and internal speech and language pathology consultants. When a report is found to be unsatisfactory, a letter is sent to the consultative speech and language examiner, who must then submit a clarifying addendum. DDD monitors reports that deviate from SSA and DDD standards; however, most consultants regularly meet or exceed examination/report standards. When DDD does find poor quality reports, with no improvement in response to constructive criticism, the agency may cease to do business with a consultant.

Voucher Information

Read all of the voucher information so that you complete was is requested. On some occasions, there are special instructions about specific elements of the history or physical upon which DDD would like you to focus and comment.

Conducting Tests that Have Not Been Ordered

In the past, some consultants - on their own - have decided that an unordered test would be helpful and have gone on to perform the test. **This must not be done.** Payment will not be rendered for testing that is not preapproved and ordered on the voucher.

How to Add a Test

If you think it would be beneficial to add a test, call DDD to discuss the suggestion. Sometimes, the agency will approve the added test. If DDD approves the test, you will be paid for it, but **only** if you follow proper procedures and get approval in advance.

Non-English-Speaking Children

Sometimes a child may not speak English. In that case, the history must be obtained from family members present during the exam or from an interpreter contracted by DDD. If possible, a standardized speech and language evaluation should be conducted in the child's native language, as should any standardized language testing should also be administered in the child's native language.

If it is not possible to conduct language evaluation and testing in the child's native language, a function-based checklist can be used to facilitate assessment. It should be emphasized that this is not a replacement for the preferred evaluation and testing in the child's native language, but it can be used as a supplement.

This function based checklist can be used to assist the speech language pathologist consultant in describing the child's speech and language behaviors. While an interpreter or bilingual family members can help to provide responses to the questions asked as part of the evaluation, the function-based checklist allows the speech language pathologist consultant to determine function by direct observation, parental report, as well as by elicitation and probing.

The function based checklist is a set of five checklists specific to distinct age ranges, which are:

- 12 months to 2 years of age (See Appendix A)
- 2 years to 3 years of age (See Appendix B)
- 3 years to 4 years of age (See Appendix C)
- 4 years to 5 years of age (See Appendix D)
- 5 years of age (See Appendix E)

A child may present with splintered skills such that it may be necessary to revert to a previous age range to measure a skill. For an older child, the checklist can serve as a benchmark for the type of information desired; however, note that the checklist does not address the older child's ability to read and write or to understand and produce narratives.

It is also useful for the interpreter to provide an overall estimate of intelligibility in the child's native language.

Specific Evaluation/Report Requirements

From Birth to Age 3 Years

Identify the Child

Confirm the child's identity with the parent/guardian attending the appointment.

Record All Alleged Speech and Language Problems, Abnormalities or Deficits

- Clearly describe these alleged problems.
- Cite several examples of each alleged problem.
- Indicate the primary language used in home if family is bilingual or non-English speaking.
- Indicate whether there are non-English language or communication issues between the parent/guardian and yourself.
- If interpreter is present, indicate such in report.

Review Developmental Milestones for Speech and Language

- Review milestones, including (at minimum):
 - » Cooing
 - » Babbling
 - » Jargoning
 - » First words
 - » First phrases
 - » First sentences
- Note the age at which milestones were achieved, correcting for chronological age up to 24 months, if applicable.

Note Early Feeding and Eating Behavior

Note behaviors, including (at minimum):

- Swallowing and chewing
- Ability to tolerate various food textures
- Ability to tolerate various food temperatures

Identify Significant Birth and Postnatal History Related to Hearing

Identify history related to hearing, including (at minimum):

- History of ear infections
- History of hearing loss
- Use of tympanostomy tubes
- Use of a hearing aid
- Use of a cochlear implant

Identify Significant Birth and Postnatal History Related to Developmental Problems in Other Areas

Identify history related to developmental issues, including (at minimum) conditions such as:

- Prematurity
- Low birth weight
- Requirement for neonatal intensive care
- Failure to thrive
- Maternal diseases or difficulties with the pregnancy
- Complications of labor and delivery
- Known deviations from normal growth
- Developmental delay in areas outside of speech
- Known genetic or chromosomal or congenital disorder, condition or syndrome
- Cerebral palsy
- Muscular dystrophy
- Meningitis or encephalitis
- Hydrocephalus
- Traumatic brain injury
- Congenital deafness
- Congenital blindness

Report Participation in Previous and/or Current Speech-Language Therapy

Report participation in speech-language therapy, including (at minimum):

- Onset
- Type, methods, techniques
- Duration
- Setting
- Results

Identify Family History of Speech, Language, Hearing, Genetic or Developmental Problems

Identify family history such problems including, (at minimum), conditions such as:

- Known genetic or chromosomal or congenital disorder, condition or syndromes
- Muscular dystrophy
- Hydrocephalus
- Congenital deafness
- Congenital blindness

Conduct Comprehensive Speech Evaluation

Conduct an oral-peripheral examination, including, at a minimum, the following elements:

- » Examine and describe the structural aspects of the oral mechanism.
- » Note any unusual oral-motor behaviors, such as the presence of excessive drooling, tongue-thrusting, excessive mouthing of objects or aversion to oral-related activities such as brushing teeth.
- » Observe the child's interest in, and ability in imitating non-speech-motor and speech-motor movements.
- » Determine the integrity of the sensorimotor mechanism involved in the development of speech.
- List the sounds in the child's repertoire, listing the frequencies of use of the various sounds.
- Describe the child's play with sound, for example, the ability to vary pitch, change intensity, produce "raspberries," produce squeals and perform tongue clicks.
- Evaluate the stage of the child's sound-making, for example, cooing, one-syllable babbling, reduplicative babbling, non-reduplicative babbling, jargoning and mature jargoning.
- Comment on the frequency and ease with which child is able to use and vary sound patterns and combinations.
- Determine whether the child's sound patterns are typical, delayed or atypical for the age.
- Comment on whether the child's speech is sufficient to support the development of expressive language.

- Comment on overall intelligibility of speech (if child is using words) and whether the degree of intelligibility is within what is expected for age.
- Observe voice quality and its impact on intelligibility.
- Indicate whether speech fluency is developmentally appropriate.
- Comment on the adequacy of breath support for speech as it relates to the intensity of speech, the capacity to sustain speech and the ability to maintain a normal rate of vocal/verbal turn taking.

Administer Appropriate Comprehensive Language Testing

- Use the most current version of a well-standardized comprehensive communication battery (i.e., the MacArthur Communicative Development Inventory: Words and Gestures or the Preschool Language Scale-III (PLS-3), ensuring that the version used is appropriate for the child's age and native language, if a native language version is available and executable).
- State the full title of the test and include all test and subtest means and standard deviations, if reported for the test that is used.
 - » Report the total language standard score (SS), the area composite SSs when included as parts of the test protocol (i.e., the composite SS for auditory comprehension in the PLS-3, if that test is used).
 - » Comment on the validity of test results with regard to the child's behavior (i.e., the child's degree of cooperation, interest, attention and concentration).
 - » Send the completed test protocols to DDD with your narrative report.
- When appropriate, supplement formal test results with a parent questionnaire (i.e., the Rosetti Infant-Toddler Language Scales or REEL. If a parent questionnaire is used, determine the language age equivalencies).
- Provide your clinical observations and descriptions, as well as any parent or caregiver reports of the child's spontaneous language understanding and production. Compare the child's results with the following:
 - » Language skills of typically-developing, same-age peers
 - » Cognitive level of the child, if known

- Provide the following information about the child:
 - » Primary mode of communication, whether it is verbal or nonverbal
 - » Use of gestures (i.e., communicative pointing, showing objects, etc.)
 - » Ability to engage in reciprocal eye gaze and joint referencing
 - » Ability to engage in turn-taking, first at the sound level and then at the spoken language level
 - » Total number of words in his or her vocabulary, regardless of clarity, and whether the range of semantic relations is expressed
 - » Occurrence, frequency and quality (i.e., novel and rule-governed stereotypic) of multi-word utterances
 - » Mean length of typical utterances
 - » Range of communicative intentions that are expressed, such as labeling, requesting and socializing

Provide Detailed Conclusions

- Conclusions should correlate with the findings from your history, observations and the formal testing results obtained.
- Explain all abnormalities observed or detected as part of your evaluation and testing. If one or more abnormalities cannot be explained, discuss your thoughts and comments about it.
- Based on your clinical observations and test results, discuss whether the observed or detected speech and/or language disorder(s) are likely to affect either the child's ability to learn or to develop and function socially.
- Note that SSA has specified six domains of function in children that are essential when assessing a child for disability. These domains cover functioning in several areas, not restricted to those of speech and language; however, this information may be helpful in writing your speech and language conclusions. Thus, this document is included in *Appendix F*.
- The speech and language pathologist signing the report must review the reported findings and conclusions and ensure that these findings and conclusions represent the information obtained in the evaluation and testing of the child.

Proofread

Signature

The speech and language pathologist must sign the report and identify educational degree and certification and/or licensure credentials. If the report was written by a trainee in his or her certifying training, the supervising speech and language pathologist must agree with the findings and conclusions of the trainee and co-sign the report.

Children Age 3 Years and Older

Identify the Child

Confirm the child's identity with the parent/guardian attending the appointment.

Record All Alleged Speech and Language Problems, Abnormalities or Deficits

- Clearly describe these alleged problems.
- Cite several examples of each alleged problem.
- Indicate the primary language used in home if family is bilingual or non-English speaking.
- Indicate whether there were any non-English language or communication issues between the parents or guardian and yourself.
- If interpreter is present, indicate such in report.

Review Developmental Milestones for Speech and Language

- Review milestones, including (at minimum):
 - » Cooing
 - » Babbling
 - » Jargoning
 - » First words
 - » First phrases
 - » First sentences
- Note the age at which milestones were achieved, correcting for chronological age up to 24 months, if applicable.

Note Early Feeding and Eating Behavior

Note behaviors, including (at minimum):

- Swallowing and chewing
- Ability to tolerate various food textures
- Ability to tolerate various food temperatures

Identify Significant Birth and Postnatal History Related to Hearing

Identify history related to hearing, including (at minimum):

- History of ear infections
- History of hearing loss
- Use of tympanostomy tubes
- Use of a hearing aid
- Use of a cochlear implant

Identify Significant Birth and Postnatal History Related to Developmental Problems in Other Areas

Identify history related to developmental issues, including (at minimum) conditions such as:

- Prematurity
- Low birth weight
- Requirement for neonatal intensive care
- Failure to thrive
- Maternal diseases or difficulties with the pregnancy
- Complications of labor and delivery
- Known deviations from normal growth
- Developmental delay in areas outside of speech
- Known genetic or chromosomal or congenital disorder, condition, or syndrome
- Cerebral palsy
- Muscular dystrophy
- Meningitis or encephalitis
- Hydrocephalus
- Traumatic brain injury
- Congenital deafness
- Congenital blindness

Report Participation in Previous and/or Current Speech-Language Therapy

Report participation in speech-language therapy, including (at minimum):

- Onset
- Type, methods, techniques
- Duration
- Setting
- Results

Identify Family History of Speech, Language, Hearing, Genetic or Developmental Problems

Identify family history such problems including, (at minimum), conditions such as:

- Known genetic or chromosomal or congenital disorder, condition, or syndromes
- Muscular dystrophy
- Hydrocephalus
- Congenital deafness
- Congenital blindness

Conduct Comprehensive Speech Evaluation

Evaluation should include (at minimum) the following components:

- Conduct an oral-peripheral examination, including, at a minimum, the following elements:
 - » Examine and describe the structural aspects of the oral mechanism.
 - » Determine performance on imitative tasks involving both nonspeech-motor and speech-motor movements, including both sequenced and unsequenced patterns.
- Provide clinical observations and descriptions, as well as parent/caregiver report, of articulation, voice, and fluency, and compare to:
 - » Speech skills of typically developing, same-age peers
 - » Child's cognitive level (if known)
- Provide information about:
 - » Overall speech intelligibility (in percentages) at conversational level based on a speech sample
 - » Intelligibility with familiar and unfamiliar listeners and when topic is known and unknown, if relevant to child's age and experiences
 - » Ability to improve intelligibility and by what percentage, upon repetition or imitation of message
 - » Patterns of articulation errors and/or phonological processes, with statements as to whether patterns of errors/processes are developmental, delayed or atypical for (cognitive) age (provide at least 2 examples)
 - » Pattern of dysfluencies and presence/absence of secondary or struggle/tension behavior with statements as to whether dysfluencies are developmental or atypical for (cognitive) age
 - » Voice quality and its impact on intelligibility
 - » Adequacy of breath support as it relates to intensity, the capacity to sustain speech and the ability to maintain a normal rate of conversation
 - » Contributing effect of any motor-based speech disorders (i.e., dyspraxia, dysarthria)
 - » Use of dialectal variations in speech patterns

Include a Current Assessment Tool (if needed to validate ratings of intelligibility at conversational level)

- Examples include, the Weiss Comprehensive Articulation Test or the Riley Stuttering Prediction Instrument for Young Children.
 - » If an assessment tool is used, report the full name of the test.
 - » Include scores and operational definitions of terms, as appropriate.
 - » Comment on the validity of test results with regard to the child's behavior (i.e., the child's degree of cooperation, interest, attention and concentration).
 - » Send the completed test forms to DDD with your narrative report.

Administer Appropriate Comprehensive Language Testing

- Use the most current version of a well-standardized language battery that measures semantic and syntactic competency in receptive and expressive modes, and that is appropriate to the child's chronological age (and native language, when available).
- State the full title of test and include all test and subtest means and standard deviations.
- Report the total language standard score (SS), and the area composite SSs when included as parts of the test protocol (i.e., the area composite SS for auditory comprehension in the PLS-3, if that test is used, or the area composite SS for semantics in the TOLD-3:I, if that test is used).
- Report the individual subtest SSs (i.e., the individual oral directions subtest SSs in the CELF-3, when that test is used).
- Note that if any test does not calculate discrepancies from the norm to 3 SD or more below the mean and the child's score falls below the lowest SS provided, this fact must be indicated in your report.
- Comment on the validity of test results with regard to the child's behavior (i.e., the child's degree of cooperation, interest, attention and concentration).
- Send the complete protocols to DDD with your narrative report.
- Provide your clinical observations and descriptions, as well as parent or caregiver reports of the child's spontaneous language understanding and production. Compare the child's results with the:
 - » Language skills of typically-developing, same-age peers
 - » Cognitive level of the child, if known

Comment on Child's Overall Receptive and Expressive Language Skills (based on spontaneous conversation)

- Receptive language skills (i.e., the child's ability to follow directions)
- Expressive language skills (i.e., in younger children, the mean length of utterance; in older children, syntactic usage).

Discuss Development of Conversational Skill as it Relates to Child's Chronological Age (based on spontaneous language sample)

Does the child:

- Produce a full range of communicative intentions (i.e., requesting, responding, directing, commenting, labeling, stating, describing and informing)?
- Engage in verbal and nonverbal turn-taking?
- Establish and maintain conversational topics?
- Identify and repair miscommunications?
- Take into account listener's background and knowledge (i.e., what is the child's ability to use pre-suppositional knowledge)?

Discuss Child's Development of Narrative Skills Relative to Child's Chronological Age

- Does the child 3 years or older retell experiences and events—that are not immediate occurrences—in an increasingly appropriate sequence?
- Does the child 6 years or older produce narratives that have an intact basic story structure (i.e., include setting, a beginning, a middle, a resolution of conflict and an end)?
- Does the child 12 years or older generate coherent stories using linguistic tools (i.e., pronouns and conjunctions) to tie elements of one sentence to those of another?

Provide Detailed Conclusions

- Be sure that your conclusions correlate with the findings from your history, observations and the formal testing results obtained
- Explain all abnormalities observed or detected as part of your evaluation and testing. If one or more abnormalities cannot be explained, discuss your thoughts and comments about it.
- Based on your clinical observations and test results, discuss whether the observed or detected speech and/or language disorder or disorders are likely to affect the child's ability to learn or to develop and function socially

- Comment on whether child’s language test profile reflects his or her everyday language skills (i.e., oral language skills and language learning skills) or school language skills (for example, literacy skills and metalinguistic skills) or both.
- Note that SSA has specified six domains of function in children that are essential when assessing a child for disability. These domains cover functioning in several areas, that is, not restricted to those of speech and language. However, this information may be helpful in writing your speech and language conclusions. Thus, this information is included as an appendix, Pediatric Domains of Function Specified by SSA (*see Part IX, Appendix F or Part VIII, Appendix B*).
- The speech and language pathologist signing the report must review the reported findings and conclusions and ensure that these findings and conclusions represent the information obtained in the evaluation and testing of the child.

Proofread

Signature

The speech and language pathologist must sign the report and identify educational degree and certification and/or licensure credentials. If the report was written by a trainee in his or her certifying training, the supervising speech and language pathologist must agree with the findings and conclusions of the trainee and co-sign the report.

Part IX - Appendix

- A. English Language Learner's Communication Checklist (12 months - 2 years)
- B. English Language Learner's Communication Checklist (2-3 years)
- C. English Language Learner's Communication Checklist (3-4 years)
- D. English Language Learner's Communication Checklist (4-5 years)
- E. English Language Learner's Communication Checklist (5 years)
- F. Pediatric Domains of Function Specified by SSA (See Part VIII, Appendix B)

ENGLISH LANGUAGE LEARNER'S COMMUNICATION CHECKLIST (12 MO - 2 YEARS)

Child's Name _____

Date of Evaluation _____

Child's CA _____

Child's Native Language _____

Yes/No
Interpreter Used (circle one)

COMMUNICATION AREA	YES	NO	SOMETIMES	COMMENTS
I. Articulation Phonology				
A. Child spontaneously uses a variety of consonant/vowel sounds				
B. Child products a variety of syllable shapes				
C. Child is intelligible 50 percent or more of the time to people inside the home and 25 percent or more to people outside the home				
D. Child imitates words				
II. Receptive Language				
A. Child consistently responds to his/her name				
B. Child follows one step commands				
C. Child consistently responds to questions by pointing (i.e., to appropriate body part)				
D. Child points to pictures of common objects				
III. Expressive Language				
A. Child has one or more true words				
B. Child has 10 or more single words				
C. Child has 20 or more single words				
D. Child uses jargon with adult-like intonation patterns				
E. Child uses the pronouns "my" or "mine"				

ENGLISH LANGUAGE LEARNER'S COMMUNICATION CHECKLIST (2-3 YEARS)

Child's Name _____

Date of Evaluation _____

Child's CA _____

Child's Native Language _____

Yes/No
Interpreter Used (circle one)

COMMUNICATION AREA	YES	NO	SOMETIMES	COMMENTS
I. Articulation Phonology				
A. Child is at least 50 percent intelligible to a familiar listener				
B. Child increases intelligibility when a previously unintelligible utterance is repeated				
C. Child uses words more than gestures to communication wants/needs				
D. Child imitates words				
II. Receptive Language				
A. Child engages in pretend play				
B. Child follows simple two-step directions				
C. Child understands basic spatial concepts (i.e., on, in, off, etc.)				
D. Child appropriately answers yes/no questions				
E. Child points to objects and actions in a picture				
F. Child makes a selection when presented with two choices				
III. Expressive Language				
A. Child has approximately 50 words				
B. Child is beginning to formulate two-word utterances				
C. Child uses age-appropriate sentence structure				
D. Child uses age-appropriate sentence length				
E. Child uses age-appropriate question forms				
F. Child uses age-appropriate vocabulary				

Part IX - Appendix C: English Language Learner's Communication Checklist (3-4 yrs)

ENGLISH LANGUAGE LEARNER'S COMMUNICATION CHECKLIST (3-4 YEARS)

Child's Name _____

Date of Evaluation _____

Child's CA _____

Child's Native Language _____

Yes/No
Interpreter Used (circle one)

COMMUNICATION AREA	YES	NO	SOMETIMES	COMMENTS
I. Articulation Phonology				
A. Child is at least 50 percent intelligible to a familiar listener				
B. Child increases intelligibility when a previously unintelligible utterance is repeated				
C. Child adequately imitates words				
D. Child is stimulable for misarticulated sounds				
E. Child uses words more than gestures to communicate				
II. Receptive Language				
A. Child follows more complex (two- or three-step) directions				
B. Child correctly answers "who?" "What?" "When?" and "Where?" questions				
C. Child understands simple quantitative concepts (i.e., numbers, "more")				
D. Child sequences a three-step event (i.e., what do you do when you get up in the morning?)				
E. Child understands more complex spatial concepts (i.e., under, next to and behind)				
III. Expressive Language				
A. Child speaks in four or more word sentences				
B. Child can speak about the here and now				
C. Child can tell a story related to a picture				
D. Child can explain the use of a given object				
E. Child uses simple embedded grammatical structures (i.e., simple adjectives)				
F. Child engages in self-talk related to a central subject				

Part IX - Appendix D: English Language Learner's Communication Checklist (4-5 yrs)

ENGLISH LANGUAGE LEARNER'S COMMUNICATION CHECKLIST (4-5 YEARS)

Child's Name _____

Date of Evaluation _____

Child's CA _____

Child's Native Language _____

Yes/No _____

Interpreter Used (circle one)

COMMUNICATION AREA	YES	NO	SOMETIMES	COMMENTS
I. Articulation Phonology				
A. Child is 60 percent or more intelligible to an unfamiliar listener				
B. Child increases intelligibility when a previous unintelligible utterance is repeated				
C. Child adequately imitates words				
D. Child is stimulative for age-appropriate misarticulated sounds				
II. Receptive Language				
A. Child can answer why and when questions				
B. Child can categorize objects				
C. Child understands various descriptive concepts (i.e., size, shape, color)				
D. Child understands negation (i.e., which toy is <i>not</i> in the box?)				
E. Child makes comparisons correctly (i.e., bigger than, smaller than)				
III. Expressive Language				
A. Child uses pronouns correctly				
B. Child can sequence a familiar routine				
C. Child can answer questions logically				
D. Child can tell about remote events				
E. Child can define age-appropriate vocabulary				
IV. Pragmatics				
A. Child can repair communicative breakdown				
B. Child is able to code switch appropriately				

Please note any additional observations: _____

ENGLISH LANGUAGE LEARNER'S COMMUNICATION CHECKLIST (5 YEARS)

Child's Name _____ Date of Evaluation _____
 Child's CA _____ Child's Native Language _____ *Yes/No* _____
 Interpreter Used (circle one)

COMMUNICATION AREA	YES	NO	SOMETIMES	COMMENTS
I. Articulation Phonology				
A. Child 70 percent or more intelligible to an unfamiliar listener				
B. Child increases intelligibility beyond 50 percent when asked to repeat a misunderstood utterance				
II. Receptive Language				
A. Child understands time/sequence concepts (i.e., first, last, today, tomorrow)				
B. Child can correctly identify similarities and differences between items				
C. Child can make predictions of what may happen next when presented with a picture/scenerio				
D. Child can identify an unrelated item in a field of three items				
E. Child can identify synonyms for words				
F. Child can identify antonyms for words				
G. Child understands the meaning of past, present and future tenses				
H. Given similar items, the child can identify the category				
III. Expressive Language				
A. Child uses adjectives to describe people and objects				
B. Child can correctly build a sentence correctly given two nouns				
C. Child uses words that express quantity				
D. Child uses age-appropriate vocabulary				

Please note any additional observations: _____

